

Medicaid “lockout” provisions hurt most vulnerable patients

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The AMA House of Delegates has adopted new policy opposing so-called lockout provisions that block Medicaid patients from the program for lengthy periods. The AMA, instead, supports allowing Medicaid patients who have been terminated from the program to reapply immediately for redetermination.

The policy, adopted during the 2018 AMA Annual Meeting in Chicago, came in response to recently approved state Medicaid waivers that bar patients from Medicaid for up to six months for not meeting deadlines or paperwork requirements.

According to a resolution presented at the HOD, these Medicaid waivers include provisions whereby Medicaid patients who fail to promptly complete paperwork, such as periodic eligibility redeterminations, can no longer simply reapply for benefits and instead remain “locked out” for months at a time. These punitive lockout provisions force patients to go uninsured and cut off access to needed health care services.

The final policy adopted expanded on this original proposal to oppose lockout provisions for patients who have been terminated from the program for failing to meet other administrative requirements—such as not satisfying a work requirement or failing to make timely premium payments—but subsequently comply with the requirements within the lockout period.

“Discontinuing health care for thousands of our most vulnerable citizens for failure to meet administrative burdens is a cruel, bureaucratic response to our neediest patients,” said AMA Board Trustee William A. McDade, MD, PhD. “As physicians, we recognize that many of our Medicaid patients lead complicated, difficult lives, and we should value empathy over rigid adherence to red tape.”

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